

Sample Performance Test for Forklift Operators

Employee _____

Date _____ **Time:** _____ A.M. / P.M.

	Yes	No
Shows familiarity with truck controls.	<input type="checkbox"/>	<input type="checkbox"/>
Gave proper signals when turning.	<input type="checkbox"/>	<input type="checkbox"/>
Slowed down at intersections.	<input type="checkbox"/>	<input type="checkbox"/>
Sounded horn at intersections.	<input type="checkbox"/>	<input type="checkbox"/>
Obedied signs.	<input type="checkbox"/>	<input type="checkbox"/>
Kept a clear view of direction of travel.	<input type="checkbox"/>	<input type="checkbox"/>
Turned corners correctly – was aware of rear end swing.	<input type="checkbox"/>	<input type="checkbox"/>
Yielded to pedestrians.	<input type="checkbox"/>	<input type="checkbox"/>
Drove under control and within proper traffic aisles.	<input type="checkbox"/>	<input type="checkbox"/>
Approached load properly.	<input type="checkbox"/>	<input type="checkbox"/>
Lifted load properly.	<input type="checkbox"/>	<input type="checkbox"/>
Maneuvered properly.	<input type="checkbox"/>	<input type="checkbox"/>
Traveled with load at proper height.	<input type="checkbox"/>	<input type="checkbox"/>
Lowered load smoothly/slowly.	<input type="checkbox"/>	<input type="checkbox"/>
Stops smoothly/completely.	<input type="checkbox"/>	<input type="checkbox"/>
Load balanced properly.	<input type="checkbox"/>	<input type="checkbox"/>
Forks under load all the way.	<input type="checkbox"/>	<input type="checkbox"/>
Carried parts/stock in approved containers.	<input type="checkbox"/>	<input type="checkbox"/>
Checked bridgeplates/ramps.	<input type="checkbox"/>	<input type="checkbox"/>
Did place loads within marked area.	<input type="checkbox"/>	<input type="checkbox"/>
Did stack loads evenly and neatly.	<input type="checkbox"/>	<input type="checkbox"/>
Did drive backward when required.	<input type="checkbox"/>	<input type="checkbox"/>
Did check load weights.	<input type="checkbox"/>	<input type="checkbox"/>
Did place forks on the floor when parked, controls neutralized, brake on set, power off.	<input type="checkbox"/>	<input type="checkbox"/>
Followed proper instructions for maintenance – checked both at beginning and end.	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL		

Evaluator's Name & Date: _____